



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |   |   |                     |                     |
|--|--------------------|---|---|---------------------|---------------------|
| 1. Entity ID No.<br><u>30280</u>   |                    | 2. Exact name of the Corporation<br><u>ROGER WILLIAMS GENERAL HOSPITAL NURSES ALUMNI ASSOCIATION</u>  |   |                     |                     |
| 3. State of Incorporation<br><u>R.I.</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>FOR PROFESSIONAL AND EDUCATIONAL ADVANCEMENT OF MEMBERS AND NURSES IN GENERAL</u> |   |                     |                     |
| 5. Principal office address<br><u>96 SLEEPY HOLLOW DR</u>  |                    | City<br><u>CUMBERLAND</u>   | State<br><u>RI</u>                              | Zip<br><u>02864</u> |                     |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |   |   |                     |                     |
| President Name<br><u>CAROL McVEY</u>   |                    |   | Vice-President Name<br><u>CAROLYN DICK</u>      |                     |                     |
| Street Address<br><u>115 LYNDON AVE</u>  |                    |   | Street Address<br><u>34 ROGER WILLIAMS AVE</u>  |                     |                     |
| City<br><u>CRANSTON</u>  | State<br><u>RI</u> | Zip<br><u>02905</u>   | City<br><u>GREENVILLE</u>                       | State<br><u>RI</u>  | Zip<br><u>02828</u> |
| Secretary Name<br><u>PATRICIA BRADLEY</u>  |                    |   | Treasurer Name<br><u>PAULINE ANDERSON</u>       |                     |                     |
| Street Address<br><u>96 SLEEPY HOLLOW DR</u>   |                    |   | Street Address<br><u>759 TOURTELLOT HILL RD</u> |                     |                     |
| City<br><u>CUMBERLAND</u>  | State<br><u>RI</u> | Zip<br><u>02864</u>   | City<br><u>N. SCITUATE</u>                      | State<br><u>RI</u>  | Zip<br><u>02857</u> |
| <b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |   |   |                     |                     |
| Director Name<br><u>MOLLY THOMAN</u>   |                    |   | Director Name<br><u>EDNA GREENE</u>             |                     |                     |
| Street Address<br><u>111 CENTRAL PKE</u>   |                    |   | Street Address<br><u>1 LISA LANE</u>            |                     |                     |
| City<br><u>FOSTER</u>  | State<br><u>RI</u> | Zip<br><u>02825</u>   | City<br><u>BRISTOL</u>                          | State<br><u>RI</u>  | Zip<br><u>02807</u> |
| Director Name<br><u>ALMA LALIBERTE</u>   |                    |   | Director Name                                   |                     |                     |
| Street Address<br><u>88 ALGER RD</u>   |                    |   | Street Address                                  |                     |                     |
| City<br><u>PROVIDENCE</u>  | State<br><u>RI</u> | Zip<br><u>02907</u>   | City  | State               | Zip                 |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>   |                    |   |   |                     |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  |                    |   |   |                     |                     |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

**FILED**

**MAY 05 2015**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

BY 132

Patricia Bradley 4/30/15  
 Signature of Officer or Authorized Representative Date

**FOR SECRETARY OF STATE USE ONLY**

PATRICIA BRADLEY  
 Print or Type Name of Officer or Authorized Representative